## Juvenile Justice Reform: Community & Evidence-Based Services

2016 Children's summit September 8, 2016

#### Foundational Overview

- Moving from planning to implementation
- Supports current national research
- Partnership with multiple youth serving stakeholders
- Evaluation to determine implementation strategies
- Targets recidivism reduction within juvenile justice
- Enhances a continuum of statewide in-home service options resulting in the reduction youth placed out-of-home

Made possible due to support of the Sherwood and Scott Family Foundations

## Juvenile Probation System Goal for Reducing Recidivism:

- Preventing juveniles from returning to the juvenile justice system or entering the criminal justice system by:
  - Engaging juveniles and their families in the juvenile court process
  - Eliminating barriers to families accessing effective treatment and services
  - Partnering with educational and community stakeholders to assure coordinated case management, focused accountability, and improved outcomes



# Multisystemic Therapy (MST) Overview

Presented by MST Services

Revised - February 2016





 Community-based, family-driven treatment for antisocial/delinquent behavior in youth

• Focus is on "Empowering" caregivers (parents) to solve

current and future problems

 The MST "client" is the entire ecology of the youth family, peers, school, and neighborhood



## **MST Research and** Dissemination





Musc Family Services Research Center (FSRC) at the Medical University of South Carolina

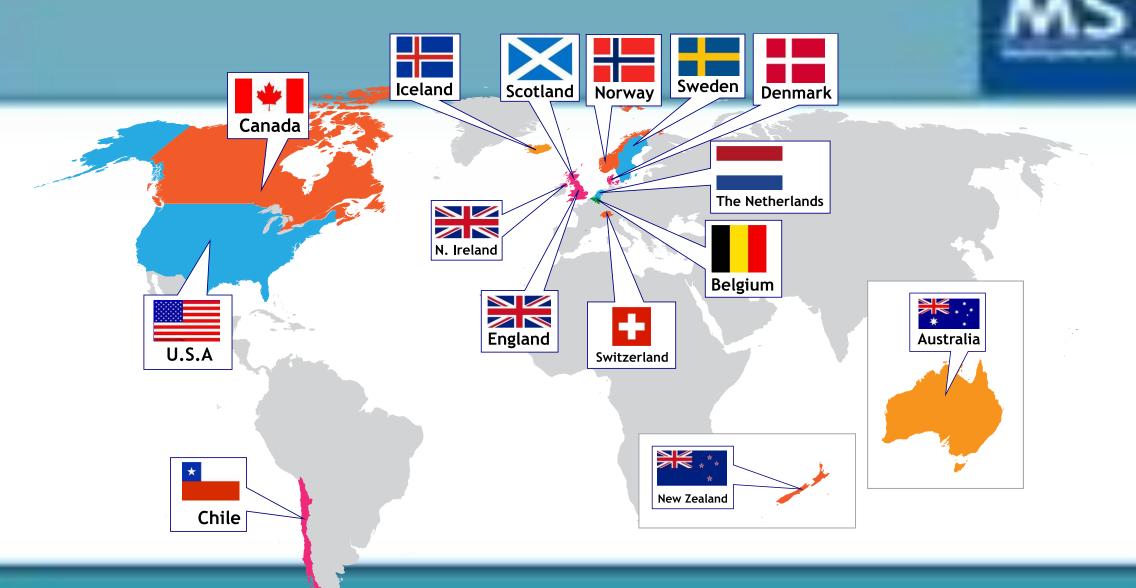




Licensed and affiliated organizations:

**MST Network Partner Organizations Local MST Provider Organizations** 

#### MST Presence Around the World



# MST "Champions" & Advocates









### **How Does MST Work?**



#### **Key Points:**

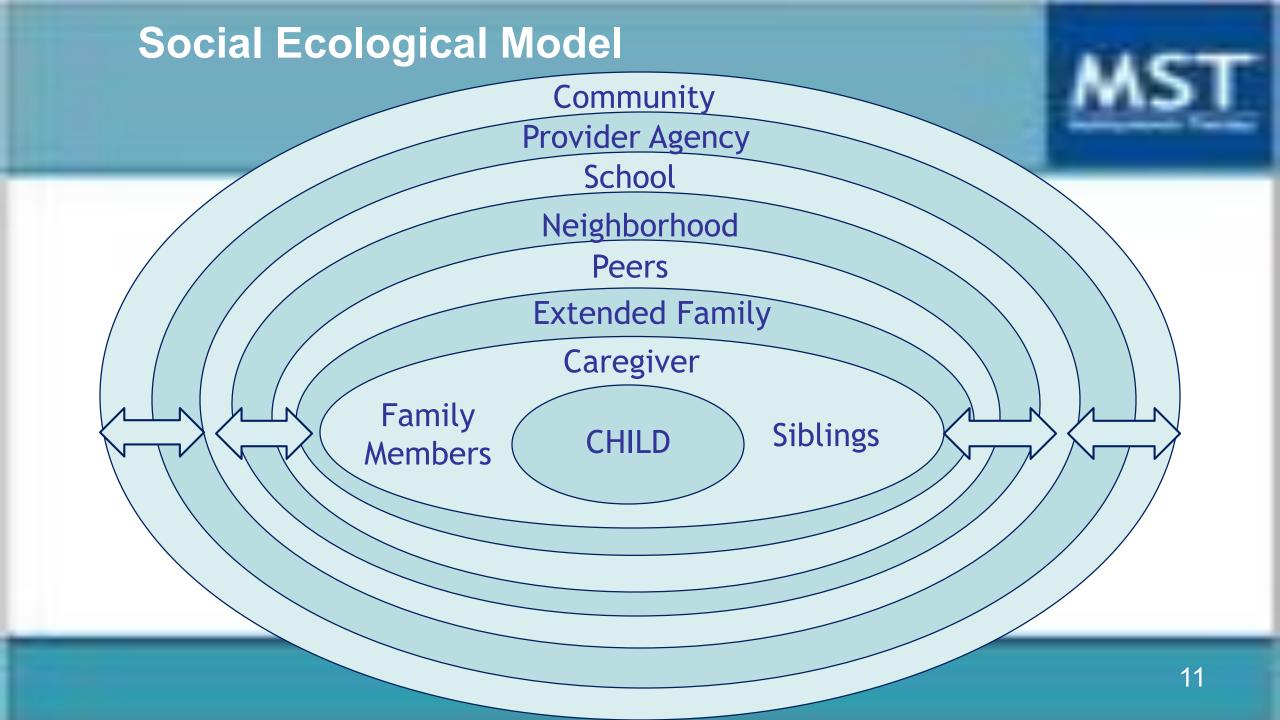
- Theoretical and Research Underpinnings
- Assumptions and MST Theory of Change
- How is MST Implemented?

## Theoretical Underpinnings



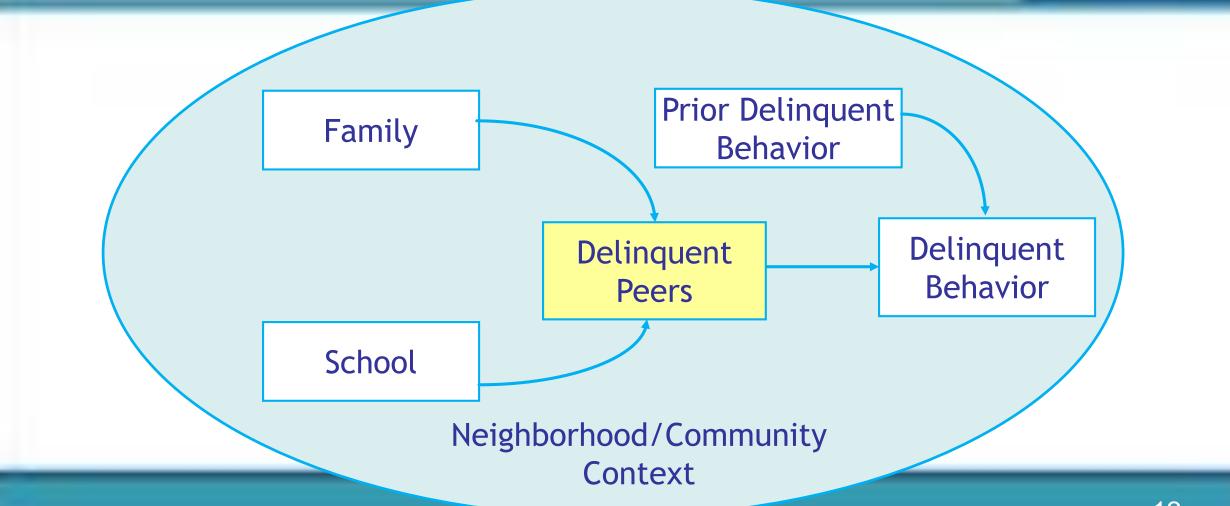
## Based on social ecological theory of Uri Bronfenbrenner

- Children and adolescents live in a social ecology of interconnected systems that impact their behaviors in direct and indirect ways
- These influences act in both directions (they are reciprocal and bi-directional)



#### Causal Models of Delinquency and Drug Use: Common Findings of 50+ Years of Research





# Delinquency is a Complex Behavior



Common findings of 50+ years of research: delinquency and drug use are determined by multiple risk factors:

- Family (low monitoring, high conflict, etc.)
- Peer group (law-breaking peers, etc.)
- School (dropout, low achievement, etc.)
- Community (↓ supports, ↑ transiency, etc.)
- Individual (low verbal and social skills, etc.)



## **MST Assumptions**

MST

 Children's behavior is strongly influenced by their families, friends, and communities (and vice versa)



- Families and communities are central and essential partners and collaborators in MST treatment
- Caregivers/parents want the best for their children and want them to grow to become productive adults

## MST Assumptions (Cont.)

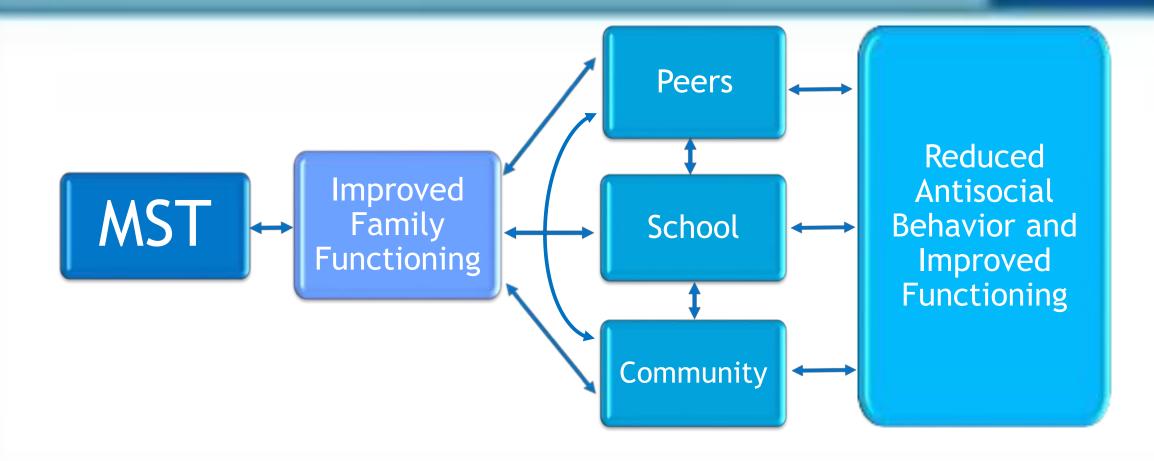


- Families can live successfully without formal, mandated services
- Professional treatment providers should be accountable for achieving outcomes
- Science/research provides valuable guidance
- And...

\*\* Change can
occur quickly \*\*



## MST Theory of Change



## How is MST Implemented?



Intervention strategies: MST draws from research-based treatment techniques

- Behavior therapy
- Parent management training
- Cognitive behavior therapy
- Pragmatic family therapies
  - Structural Family Therapy
  - Strategic Family Therapy
- Pharmacological interventions (e.g., for ADHD)



# How is MST Implemented? (Cont.)

- MST
- Single therapist working intensively with 4 to 6 families at a time
- 3 to 5 months is the typical treatment time (4 months on average across cases)
- Work is done in the community, home, school, and neighborhood: removes barriers to service access
- Team of 2 to 4 therapists plus a supervisor
- 24 hr. / 7 day week team availability: on-call system



# How is MST Implemented? (Cont.)



 MST staff must be able to have a "lead" clinical role, ensuring services are individualized to strengths and needs of each youth/family

 Never-ending focus on engagement and alignment with primary caregiver and other key stakeholders (e.g. probation, courts, children and family services, etc.)

 MST has strong track record of client retention and satisfaction



# Standard MST Referral Criteria (ages 12-17)



#### **Inclusionary Criteria**

- Youth at risk for placement due to anti-social or delinquent behaviors, including substance abuse
- Youth involved with the juvenile justice system
- Youth who have committed sexual offenses in conjunction with other antisocial behavior

#### **Exclusionary Criteria**

- Youth living independently
- Sex offending in the absence of other anti social behavior
- Youth with moderate to severe autism (difficulties with social communication, social interaction, and repetitive behaviors)
- Actively homicidal, suicidal or psychotic
- Youth whose psychiatric problems are primary reason leading to referral, or have severe and serious psychiatric problems





#### **Key Points:**

- •35+ years of Science
- Consistent Outcomes
- Role of Model Adherence
- Implementation Research Findings

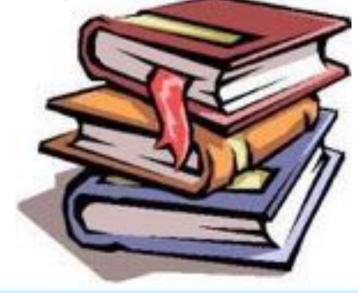




55 Published Outcome, Benchmarking, and Implementation Studies

Including 25 randomized trials and 28 independent evaluations (yielding >100 peer-reviewed journal articles)

- 16 with serious juvenile offenders
   -7 independent studies
- 11 with adolescents with serious conduct problems
   -10 independent studies







#### 55 Published Outcome, Benchmarking, and Implementation Studies (cont'd)

- 2 with substance abusing or dependent juvenile offenders (MST-Substance Abuse)
- 3 with juvenile sexual offenders (MST-Problem Sexual Behavior)
- 3 with youths presenting serious emotional disturbance (MST-Psychiatric)
- 3 with maltreating families (MST-Child Abuse and Neglect)
  6 with adolescents with chronic health care conditions (MST-Health Care) Diabetes, obesity, HIV, asthma
- 13 implementation studies

Complete list of MST outcome studies: www.mstservices.com/files/outcomestudies.pdf

## Long-term Outcomes





## Very Long-Term Outcomes





#### **Consistent Outcomes**



#### In Comparison with Control Groups, MST:

- Led to higher consumer satisfaction
- Decreased long-term rates of re-arrest 25% to 70%
- 47% to 64% decreases in long-term rates of days in out-of-home placements
- Improved family relations and functioning
- Increased mainstream school attendance and performance
- Decreased adolescent psychiatric symptoms
- Decreased adolescent substance use

But, none of this happens without adherence to MST

## Quality Assurance and Continuous Quality Improvement in MST

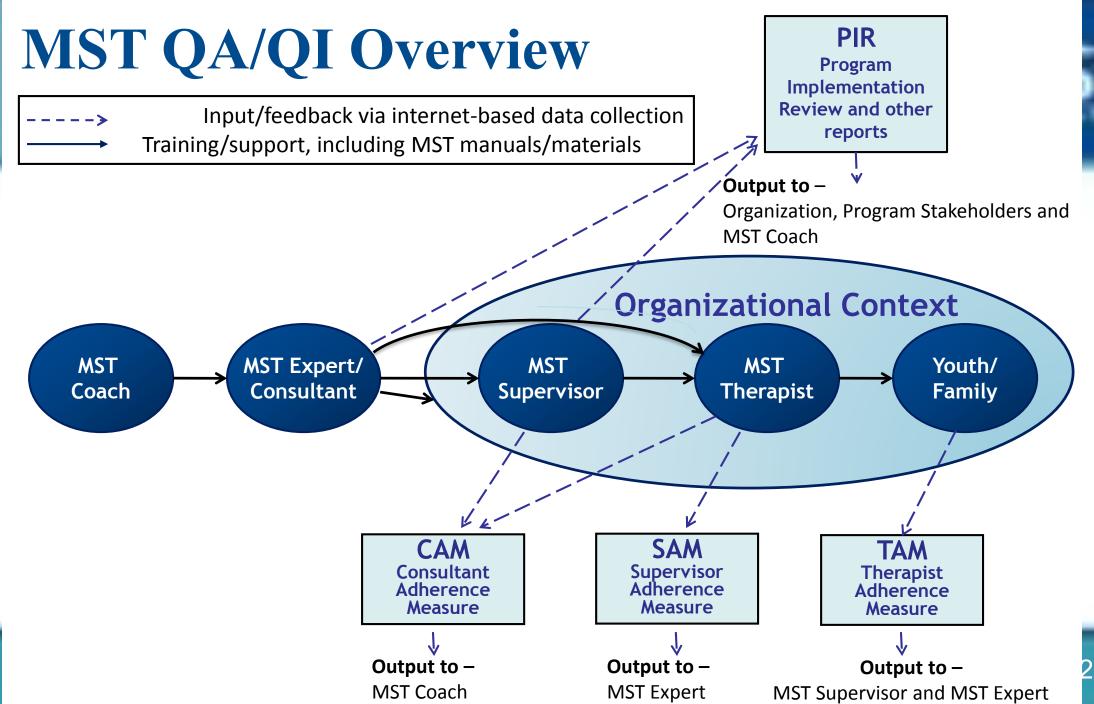


#### Goal of MST Implementation:

Obtain positive outcomes for MST youth and their families

#### **QA/QI Process:**

- Training and ongoing support (orientation training, boosters, weekly expert consultation, and weekly supervision)
- Organizational support for MST programs
- Implementation monitoring (measure adherence and outcomes, and work sample reviews)
- Improve MST implementation as needed, using feedback from training, ongoing support, and measurement



# MST Quality Assurance System



#### Research-based adherence measures:

- TAM youth criminal charges 36% lower for families with maximum adherence score (1) than for families with minimum adherence score (0)
- SAM youth criminal charges 53% lower for families with maximum SAMSP score (1) than for families with minimum SAMSP score (0)
- CAM consultant/MST expert adherence predicts improved therapist adherence and improved youth outcomes

# How is MST Similar to Other Treatments?



- Common Characteristics of Family Preservation Services:
  - Services are provided to the family and individuals
  - Target children at risk of out-of-home placement
  - Time-limited, flexibly- scheduled
  - Tailored to the needs of family members
  - Services are provided in the context of the family's values, beliefs, and culture.
  - Low caseloads (2-6), 24hr/7day availability

Fraser, 1998

### **How is MST Different?**



- In general, MST differs from other treatments for antisocial behavior in these areas:
  - Research: Proven long-term effectiveness through rigorous scientific evaluations
  - Treatment theory: A clearly defined and empirically grounded treatment theory
  - Implementation: A focus on provider accountability and adherence to the model
  - Focus on long-term outcomes: Empowerment of caregivers to manage future difficulties

# MST Ultimate Outcomes 2015 MSTI Data Report



AT HOME	90%	These results are based on a comprehensive review of the 11,958 cases* (85.4% of 13,995 cases referred for treatment) that were closed for clinical reasons (i.e., completed treatment, low engagement, or placed).
IN SCHOOL/ WORKING	85.6%	
NO ARRESTS	86.2%	

## Nebraska MST Ultimate Outcomes 2015 MSTI Data Report

AT HOME	94%	These results are based on a comprehensive review of the 182 cases* (91% of 200 cases referred for treatment) that were closed for clinical reasons (i.e., completed treatment, low engagement, or placed).
IN SCHOOL/ WORKING	97%	
NO ARRESTS	92%	



#### **Questions?**

Thank you for your time and attention

Anne.Dailey@mstservices.com

**MST Services** 

Web: <a href="http://mstservices.com/">http://mstservices.com/</a>

Blog: <a href="http://info.mstservices.com/blog/">http://info.mstservices.com/blog/</a>



**Ecological In-Home Family Treatment Program** 

#### **Boys Town Overview**

- > Traditionally treated youth removed from their homes for abuse/neglect and delinquency
- > In-Home Services provided for past 25 years
- 2007 strategic plan called for expanding preventive services while maintaining high quality family-style residential care
- > 2008 concentrated program development and research activities around key services
  - Ecological In-Home Family Treatment (EIHFT)
  - Community Support Services



## Transformation of Boys Town

- > 2008 Youth Numbers
  - 12,000 youth and families served
  - 80% of youth served in a residential program
- > 2015 Youth Numbers
  - 40,000 youth and families served
  - 93% of youth served at home or in the community
  - Integrated Continuum of Care



### Boys Town: 490,000 Children Served in 2015

#### Nebraska-Iowa • Intervention and Assessment

- Family Home Program
- Foster Family Services • In-Home Family Services
- Community Support Services

14,500 Children 12,796 Hotline Contacts

#### **Boys Town National Research Hospital**

- East and West Hospitals
- Pediatric Clinics
- Research Programs
- Hearing and Speech Education
- Patient Hotline
- Residential Treatment Centers

45.653 Child Patients

210,786 Outpatient Clinic Visits 25,240 Behavioral Health Care Days

#### Nevada

- Family Home Program
- In-Home Family Services
- Community Support Services

2,160 Children

1,096 Hotline Contacts

#### **California**

3,067 Children

#### **External Boys Town National Training** Hotline

9,859 Educators/ • Community Support Services Professionals Trained 184,222 Hotline Contacts **117,324** Estimated Students

#### **New York**

- In-Home Family Services

- Intervention and Assessment
- Community Support Services

1,701 Children 4,784 Hotline Contacts

#### **New England**

- Family Home Program
- Foster Family Services
- In-Home Family Services
- Community Support Services

32,226

184,222

117,324

45,653

110,942

868 Children 1,350 Hotline Contacts

#### Washington, DC

- Family Home Program
- Foster Family Services
- In-Home Family Services
- Community Support Services

506 Children

**Youth Care** 

**Health Care** 

Child Patients

**Hotline Contacts** 

Students (Estimate)

Students (Estimate)

Children Cared for Directly

1,993 Hotline Contacts

#### **Central Florida**

- Intervention and Assessment
- Family Home Program
- In-Home Family Services
- Community Support Services

1,933 Children 2,195 Hotline Contacts (Statewide)

- Family Home Program
- In-Home Family Services
- Community Support Services

6,890 Hotline Contacts

#### **Texas**

- Foster Family Services
- In-Home Family Services
- Community Support Services

1,007 Children **5,292 Hotline Contacts** 

#### Louisiana

Intervention and Assessment

BOYS TOWN

Saving Children Healing Families

- Family Home Program
- In-Home Family Services
- Community Support Services

981 Children 376 Hotline Contacts

#### **North Florida**

- Family Home Program
- Foster Family Services
- In Home Family Services
- Community Support Services

801 Children 2,195 Hotline Contacts (Statewide)

#### **South Florida**

- In-Home Family Services
- Community Support Services

4,702 Children 2,195 Hotline Contacts (Statewide)

2.8.16

### Boys Town Integrated Continuum of Care'





# What Is It? Program Description

#### > The Boys Town Ecological In-Home Family Treatment Program:

- Is a home-based, family-centered intervention
- Typical duration 3 6 months with completion based on the family demonstrating competency in referral areas.
- Program components based on the Teaching Family Model, Homebuilders, and environmental ecological theory

#### Core program components include:

- Engagement
  - o Quick Engagement Intervention focused on family defined stressors
  - o 24/7 availability of Family Consultant
  - o Services arranged around the family's schedule

#### Assessment and Service Planning

- o Family-centered assessment and individualized goals and objectives
  - o Strengths and Stressors
  - o Social Network Map
  - o Family Risk and Self Harm Screen
- o Progress assessment and service plan adjustment



# Program Description (cont.)

#### Parent/Other Skill Training

- o In-home adaptation of Common Sense Parenting
- Skill building for child and parents
- Skill generalization

#### Resources

• Assist family in identifying/accessing community resources (food, clothing, transportation)

#### Formal and Informal Supports

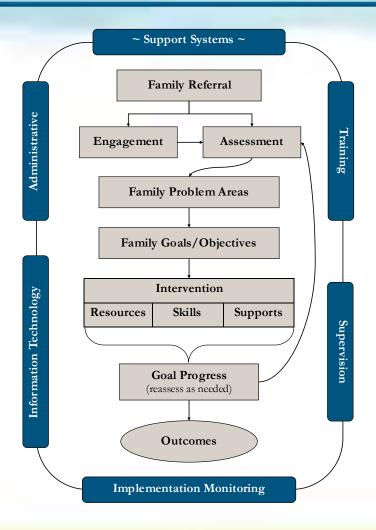
- o Identification of formal and informal supports to help address substance abuse and/or mental health needs, etc.
- Coordinate formal services

#### Case Closure Planning

• Revisit formal and informal supports that will help the family sustain gains made after services are terminated



### **EIHFT: Intervention Model**



#### Tools

- Quick Engagement Intervention
- Strengths and Stressors
- Social Network Map
- Family Risk and Self-Harm Screen
- Family Service Plan
- Common Sense Parenting
- Resources and Supports
- Case Closure Planning



### Which Kids and Families?

- Moderate to high-risk youth (ages 10-17) and families that are involved in the juvenile justice and/or child welfare system
- > Juvenile offenders who are identified as having multiple risks
- > Families that have experienced instances of child abuse, substance use, curfew violations, truancy, etc.
- Parents who have lost their motivation to parent, especially with older youth



## **EIHFT: Staffing Characteristics**

### > Family Consultant

- > Bachelors in a related field required
- > 5-day competency based training; monthly training with model experts and community agencies
- > Serves 4-6 families at a time
- > 24/7 availability by families; flexible schedule
- > Team consists of 2-5 Family Consultants and a Supervisor
- > Family Consultants are certified annually



## **EIHFT: Staffing Characteristics**

### > Supervisor

- > Masters in a related field *preferred*
- > 3-day supervision training
- > Weekly individual supervision with Family Consultants
- > Monthly case staffing completed with team
- > Manages team of 2-5 Family Consultants
- Utilize Model Fidelity Tool and core data elements to manage implementation
- > Supervisors are certified annually



### **EIHFT: Program Practice Characteristics**

- > Family Consultants cover approximately a 50-mile radius (mileage reimbursed)
- Service delivery primarily in-home but may include other locations
- Utilize broad array of formal and informal supports available in the family's community as determined by case plan
- > Partner with other system stakeholders like probation, school, etc.



### EIHFT: Training and Implementation Support

- On-site agency assessment completed prior to development of training plan
- > 5-day EIHFT model training
- 3-day EIHFT supervision training
- > On-site consultation every 90 days during year 1 implementation
- > Weekly case-specific phone consultation
- > Bi-weekly data collection/monitoring review



### **EIHFT:** Data Collection and Analysis

- › Boys Town National Database (NDB) or comparable system collects core data elements which are utilized for:
  - > Consultation with model experts
  - > Weekly supervision with Family Consultants
  - Monthly case and data reviews with team
  - > Certification/evaluation process
- Required element of ongoing program implementation monitoring



### **EIHFT: Program Implementation Monitoring**

- Boys Town monitors program implementation via monthly dashboards which summarize completion of model components as well as their completion within designated "best-practice" timeframes
  - Dashboards are provided by site and often program/contract to provide more detailed information for supervision of staff
- > Also included on the dashboards are model fidelity data
  - Model fidelity is observed in two ways both of which appear on the dashboard:
    - By the direct supervisors of staff (performed by site directors on supervisors and by supervisors on consultants).
    - o By the Boys Town model fidelity department which monitors fidelity on a designated timeframe





### EIHFT: Program Implementation Monitoring

- > The Boys Town National Research Institute (NRI), in collaboration with the Boys Town National Hotline, conducts follow-up interviews at 6 and 12 months
  - Boys Town research staff conduct all follow-up interviews
  - Respondents include parents, grandparents, caseworkers, or anyone with current knowledge of the youth/family
  - A team of Crisis Counselors at the National Hotline is available for crisis support to families



### EIHFT: Evaluation/Certification Process

- At 12-months of implementation sites will go through a certification process
  - On-site review by model experts
  - › Identifies level of implementation of EIHFT model across program and specific cases
  - > Measures level of compliance with established program standards
- > Utilized to inform future implementation monitoring and support activities



# Does It Work? Research and Outcomes

- > Foundational Family Teaching Model
  - > Evidence-based program in the California Evidence-Based Clearinghouse for Child Welfare

- Common Sense Parenting
  - > Listed on four national evidence based registries
- > Ecological In-Home Family Treatment
  - > Multiple pre-post studies
  - > Currently in year four of a clinical trial with 300 families

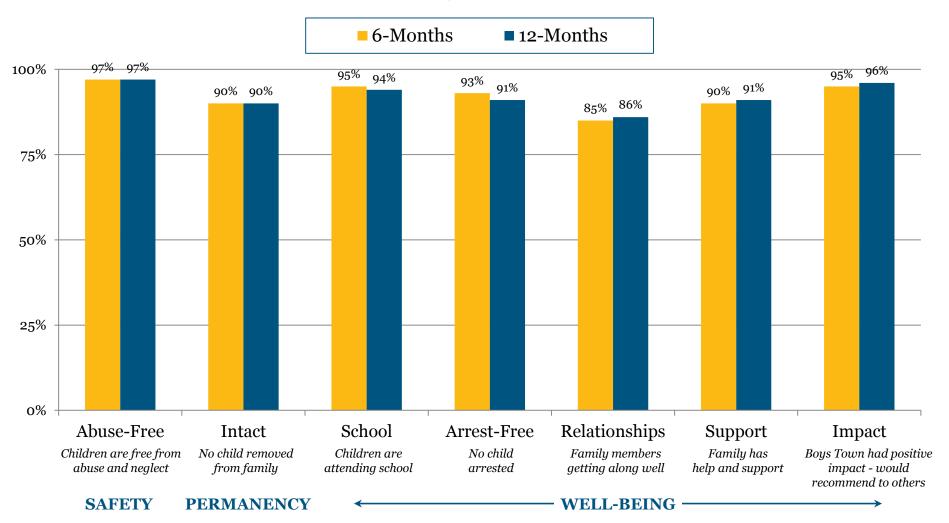




### Family Follow-Up Outcomes

### National In-Home Family Services

Data collected January 1, 2008 – December 31, 2014

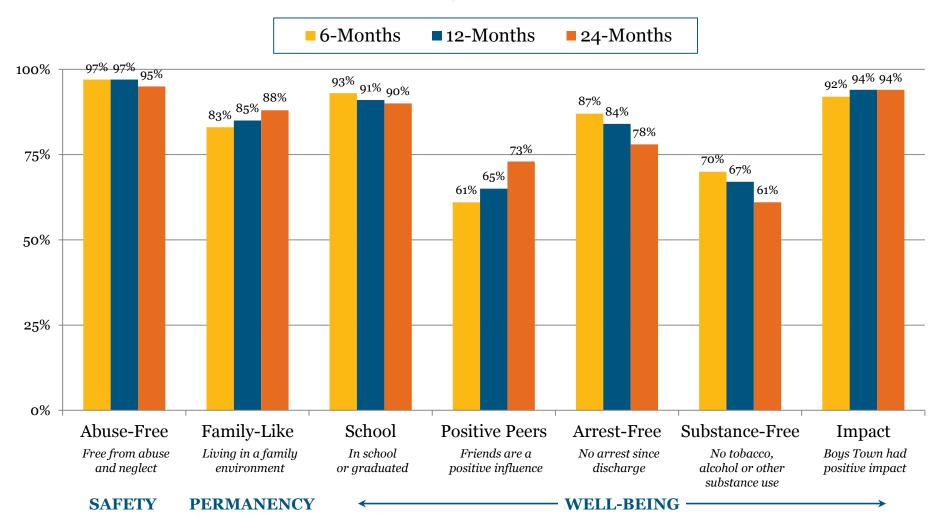




### Youth Follow-Up Outcomes

### National Out-of-Home Services

Data collected January 1, 2008 – December 31, 2014



### **EIHFT Model Benefits**

- Specifically designed to be delivered by B.A. level staff
- Simplifies staffing and provides a cost-effective solution to serve at-risk families
- Data shows positive outcomes for wide range of populations and referral issues
- Good return on investment for individuals and communities
- Promotes partnerships and linkages between families and available resources



### EIHFT Model Benefits (cont.)

- Strong emphasis on teaching families to coordinate multiple services and supports
- > Built-in collection and evaluation of outcome data
- > Implementation science and CQI processes are built into application of the model
- › Boys Town Family Support Line available 24/7 both during and post-intervention to families



### Questions?

> Contact Information:

Dave Reed, MS, NE/IA Family Services Director

dave.reed@BoysTown.org

